2273-0124PUS1

JC14 Rec'd PCT/PTO 0 6 JUL 2005

Attorney Docket No.

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 ··Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 · Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	invention entitled:						
Insert Title:	SUPPORT FRAME FOR AUTOMOBILE VEHICLE SUNROOFS						
Fill in Appropriate  Information -	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:  The specification was filed on						
For Use Without	United States Applic	ation Number_					
Specification Attached:	and amended on					(if applicabl	e) and/o
	the specification was filed on April/10/2003					<del></del>	as PC
	amended on					, (if ap	plicable
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.						
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.  I do not know and do not believe the same was ever known or used in the United States of America before my or our						
	invention thereof, or pater than one year prior to this one year prior to this appl before the date of this app representative or assigns r patent or inventor's certifi- application by me or my le I hereby claim forei patent or inventor's certi	application, the ication, that the lication in any of more than twelve cate on this invegal representation priority ben ficate listed be	the same was ever known di in any printed publication at the same was not in public invention has not been pacountry foreign to the Uniter er months (six months for cention has been filed in any ives or assigns, except as foefits under Title 35, United low and have also identified of the application on which	n in any country be: lic use or on sale in tented or made the: d States of America designs) prior to this country foreign to t llows. d States Code, §119 jed below any fore	fore my or our inventic the United States of A subject of an inventor's on an application filed a application, and that the United States of An P(a)-(d) of any foreign ign application for pa	on thereof or more timerica more than s certificate issued by me or my legal no application for nerica prior to this application(s) for	
To a series to	Prior Foreign Application		• •	. ,		Priority	Claime
Insert Priority Information:	PCT/ES 2003/000164	WO		April 10 2002	·	⊠	
(if appropriate)	(Number)	(Country)	<del> </del>	(Month/Day/Y	ear Filed)	i⊠ Yes	No.
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	(Number)	(C)	<del> </del>	04 4/0 04	P31 1)	Ü	
	(Number)	(Country)		(Month/Day/Yo	ear Filed)	Yes	No
	(Number)	(Country)	•	(Month/Day/Y	ear Filed)	Yes	No
	(Number)	(Country)		(Month/Day/Yo	ear Filed)	Yes	No
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.						
Insert Provisional	<del> </del>						
Application(s): (if any)	(Application Number) (Filing Date)						
	(Application Number) (Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
	Country		Application Number		Date of Filing (Month/	/Day/Year)	
Insert Requested Information: (if appropriate)							
	continuation-in-part appliedisclosed in the prior United States Code. §112.1 acks	cation(s) listed ited States and nowledge the drons, §1.56 which	United States Code, §120 of below and, insofar as the stor PCT application in the aty to disclose information th became available betwee cation.	ubject matter of eac manner provided by which is material to	h of the claims of this y the first paragraph o the patentability as d	application is not f Title 35, United efined in Title 37	
Insert Prior U.S.							
Application(s):	(Application Number)		(Filing Date)		(Status - patented, pen-	ding, abandoned)	_

(if any) Attorney Docket No. I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary: Send Correspondence to: CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP) Telephone: (703) 205-8000 Facsimile: (703) 205-8050 PLEASE NOTE: YOU MUST I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. COMPLETE THE FOLLOWING: Full Name of GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* DIEGO DÍEZ ESTEBAN Residence (City, State & Country) CITIZENSHIP Insert Residence Casa de la Vega, 31, 5°A Burgos, E-09007 Spanish Insert Insert Post MAILING ADDRESS (Complete Street Address including City, State & Country) Office Address R'S SIGNATURE Full Name of GIVEN NAME/FAMILY NAME DATE\* Second OSCAR GONZÁLEZ GARCÍA Inventor, if Residence (City, State & Country) CITIZENSHIP Venta Nueva, Catalañazor E-42193 Soria Spanish MAILING ADDRESS (Complete Street Address including City, State & Country) GIVEN NAME/FAMILY NAME Full Name of INVENTOR'S SIGNATURE DATE\* Third Inventor, if Residence (City, State & Country) CITIZENSHIP Spanish MAILING ADDRESS (Complete Street Address including City, State & Country) Full Name of GIVEN NAME/FAMILY NAME **INVENTOR'S SIGNATURE** DATE\* Fourth Inventor if Residence (City, State & Country) CITIZENSHIP Spanish

MAILING ADDRESS (Complete Street Address including City, State & Country)

MAILING ADDRESS (Complete Street Address including City, State & Country)

GIVEN NAME/FAMILY NAME

Residence (City, State & Country)

INVENTOR'S SIGNATURE

DATE\*

CITIZENSHIP

Full Name of Fifth Inventor, if